

BENEFICIARY DESIGNATION
GOVERNMENTAL 457(b) PLAN

City of Riverside Employee's Deferred Compensation Plan 98246-01

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, E-Mail Address, Account Extension, and checkboxes for Married/Unmarried.

Plan Beneficiary Designation

This designation is effective upon execution and delivery to the Plan Administrator. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally.

Primary Beneficiary

Table with 5 columns: #, % of Account Balance, Social Security Number, Primary Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Contingent Beneficiary

Table with 5 columns: #, % of Account Balance, Social Security Number, Contingent Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Required Signatures - I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC").

Participant Signature, Date, Participant forward to Plan Administrator/Trustee, Authorized Plan Administrator/Trustee Signature, Date.